

RECEIVED
CENTRAL FAX CENTER

001

JUL 23 2004



Amgen Inc.
Law Department
1201 Amgen Court West
Seattle, WA 98119

Telephone: (206) 265-7189
Facsimile: 206-233-0644
e-mail: jhenry@amgen.com

OFFICIAL

FAX MESSAGE - PLEASE DELIVER IMMEDIATELY

| | | |
|----------|--|---------------------|
| Send to: | United States Patent Office ATTN: TC1600 Group Art Unit 1646 | FAX: 703-872-9306 |
| From: | Janis C. Henry Senior Patent Counsel 206-265-7189 | Date: July 23, 2004 |

No. of pages including this page: 11

Re: US Patent Application Serial No: 10/061,727
 Filed: October 26, 2001
 For: IL-1 RECEPTOR ACCESSORY PROTEIN
 Our Ref.: 3151-A

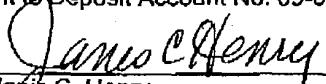
The following documents are being facsimile transmitted to the USPTO, ATTN:
TC1600:

Fee Authorization /Amendment Transmittal (1 page + copy)
 Notice of Appeal (1 page + copy)
 Amendment and Response (6 pages)

If transmission problems occur contact Nanci Kertson at 206-587-0430 Ext. 57449.

CONFIDENTIALITY NOTICE: This communication (including any accompanying page(s)) is intended solely for the use of the individual or entity named above and may contain information that is privileged, confidential or exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, you are hereby notified that any copying, distribution or other unauthorized use of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us at the above address via the U.S. Postal Service. Thank you.

PATENT APPLICATION

| FEE AUTHORIZATION / AMENDMENT TRANSMITTAL | | | | Attorney's Docket No: 3151-A | | |
|--|---|-------------------|---|---------------------------------------|-------------|--------------------------|
| Serial No. 10/061,727 | Filing Date October 26, 2001 | Examiner R. Li | | Group Art Unit 1646 | | |
| In Re Application of John E. Sims and Dirk E. Smith | | | | | | |
| For IL-1 RECEPTOR ACCESSORY PROTEIN | | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | | |
| <input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): | | | | | | |
| <input type="checkbox"/> One month of original due date (\$110.00) <input checked="" type="checkbox"/> Two months of original due date (\$420.00) <input type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) | | | | | | |
| <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. | | | | | | |
| <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| (1) | (2) Claims remaining After amendment | (3) | (4) Highest number Previously paid for | (5) No. of Extra claims present | (6) Rate | (7) Additional Fee |
| Total Claims | Minus | | = | 0 | x \$18 | = \$ 0.00 |
| Indep. Claims | Minus | | = | 0 | x \$86 | = 0.00 |
| <input checked="" type="checkbox"/> First Appearance of a multiple dependent claim | | | | | + \$290 | = 0.00 |
| <input type="checkbox"/> Total Additional Fee for this Amendment | | | | | \$0.00 | |
| <small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.</small> | | | | | | |
| <input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ | | | | | | |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of <u>\$420.00</u> . A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089. | | | | | | |
| <u>Please Send Future Correspondence To:</u> <div style="display: flex; align-items: center;"> Immunex Corporation Law Department 1201 Amgen Court West Seattle, Washington 98119-3105 (206) 265-7000  James C. Henry Attorney/Agent for Applicants Registration No.: 34,347 Phone: (206) 265-7189 Date: June 23, 2004 </div> | | | | | | |

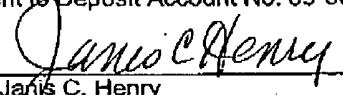
CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below.

July 23, 2004 Date

James C. Henry Signature

PATENT APPLICATION

| FEE AUTHORIZATION / AMENDMENT TRANSMITTAL | | | | Attorney's Docket No: 3151-A | | |
|---|--|-------------------|---|---|-------------|--------------------------|
| Serial No. 10/061,727 | Filing Date October 26, 2001 | Examiner R. Li | Group Art Unit 1646 | | | |
| In Re Application of John E. Sims and Dirk E. Smith For IL-1 RECEPTOR ACCESSORY PROTEIN | | | | | | |
| TO THE COMMISSIONER FOR PATENTS: | | | | | | |
| <input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): | | | | | | |
| <input type="checkbox"/> One month of original due date (\$110.00) <input checked="" type="checkbox"/> Two months of original due date (\$420.00) <input type="checkbox"/> Three months of original due date (\$950.00) <input type="checkbox"/> Four months of original due date (\$1,480.00) <input type="checkbox"/> Five months of original due date (\$2,010.00) | | | | | | |
| <input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. | | | | | | |
| <input checked="" type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required. <input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows: | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| (1) | (2) Claims remaining After amendment | (3) | (4) Highest number Previously paid for | (5) No. of Extra claims present | (6) Rate | (7) Additional Fee |
| Total Claims | | Minus | = | 0 | x \$18 | = \$ 0.00 |
| Indep. Claims | | Minus | = | 0 | x \$86 | = 0.00 |
| <input type="checkbox"/> First Appearance of a multiple dependent claim | | | | | + \$290 | = 0.00 |
| Total Additional Fee for this Amendment | | | | | | \$0.00 |
| <small>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1, of a prior amendment or the number of claims originally filed.</small> | | | | | | |
| <input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ <input checked="" type="checkbox"/> Please charge Deposit Account No. 09-0089 in the name of Immunex Corporation in the amount of <u>\$420.00</u> . A duplicate copy of this petition is attached. <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 09-0089. | | | | | | |
| <u>Please Send Future Correspondence To:</u> | | | | | | |
| | | | |  Janis C. Henry Attorney/Agent for Applicants Registration No.: 34,347 Phone: (206) 265-7189 Date: June 23, 2004 | | |
| CERTIFICATE OF FACSIMILE TRANSMISSION | | | | | | |
| I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below. | | | | | | |
| <u>July 23, 2004</u> <small>Date</small> | | | | <u>Janis C. Henry</u> <small>Signature</small> | | |

Appl. No. 10/061,727
Amdt. dated July 23, 2004
Resp. to Office Action dated February 24, 2004

JUL 23 2004

OFFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Application of:

Attorney Docket No. 3151-A

John E. Sims and Dirk E. Smith

Serial No.: 10/061,727

Group Art Unit: 1646

Filed: October 26, 2001

Examiner: Li, Ruixiang

For: IL-1 Receptor Accessory Protein

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Amendment and Response

Dear Sir:

Responsive to the Office Action mailed February 24, 2004 in connection with the above-identified US patent application, Applicants amend the application as follows:

Amendments to the claims begin on page 2 of this paper.

Remarks begin on page 5 of this paper.